## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

# Washington, DC 20549

#### OMB APPROVAL OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden hours per response.



#### FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

	SEC USE	ONLY	_
Prefix			Serial
		1	
	DATE RE	CEIVED	
	1	1	

Name of Offering: ( check if this is an amendment and name has changed, and indicate change.)							
Southwest Iowa Renewable Energy, LLC Series C Unit Offering							
Filing Under (Check box(es) that apply): Ru	<del></del>	☐ Section 4(6) ☐ ULOE	-				
Type of Filing: New Filing  Amendment	_						
	BASIC IDENTIFICATION DATA		ëf St				
1. Enter the information requested about the issuer							
Name of Issuer ( check if this is an amendment an	d name has changed, and indicate change	e.) NEB					
Southwest Iowa Renewable Energy, LLC		Mail Processing					
Address of Executive Offices (Nu	imber and Street, City, State, Zip Code)	Telephone Winfiber (Including)	Area Code)				
2101 South 42 <sup>nd</sup> Avenue, Council Bluffs, Iowa 5150	1-8409	(712) 366-0392					
Address of Principal Business Operations (Nu	imber and Street, City, State, Zip Code)	Telephone Number ( mck ing	H-SSED				
(if different from Executive Offices)		11100					
Brief Description of Business		Washington, DC MAR 2	C 2000				
Ethanal production			ע בטטט 🤛				
Ethanol production.		101 THO	MSON				
Type of Business Organization							
☐ corporation ☐ lim	nited partnership, already formed 🛛 🛛 o	ther (please specify): limited liab	ility company				
☐ business trust ☐ lim	nited partnership, to be formed						
Actual or Estimated Date of Incorporation or Organiza	ation: Month Year	🖾 Actual 🔲 E	Stimated				
The state of the s	La La Caracter Construction						
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State;							
CN IC	or Canada, FN for other foreign jurisdicti	<sup>on)</sup>   I   A					

### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been, made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number. A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Karol King Business or Residence Address (Number and Street, City, State, Zip Code) 2101 South 42<sup>nd</sup> Avenue, Council Bluffs, Iowa 51501-8409 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Ted Bauer Business or Residence Address (Number and Street, City, State, Zip Code) 2101 South 42nd Avenue, Council Bluffs, Iowa 51501-8409 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) **Hubert Houser** Business or Residence Address (Number and Street, City, State, Zip Code) 2101 South 42<sup>nd</sup> Avenue, Council Bluffs, Iowa 51501-8409 Check Box(es) that Apply: Promoter 🛛 Beneficial Owner 🔲 Executive Officer 🔯 Director 🔲 General and/or Managing Partner Full Name (Last name first, if individual) Michael Guttau Business or Residence Address (Number and Street, City, State, Zip Code) 2101 South 42<sup>nd</sup> Avenue, Council Bluffs, Iowa 51501-8409 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Bailey Ragan Business or Residence Address (Number and Street, City, State, Zip Code) 2101 South 42<sup>nd</sup> Avenue, Council Bluffs, Iowa 51501-8409 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Miachel M. Scharf Business or Residence Address (Number and Street, City, State, Zip Code) 2101 South 42nd Avenue, Council Bluffs, Iowa 51501-8409

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

2101 South 42nd Avenue, Council Bluffs, Iowa 51501-8409

Greg Krissek

OM-260173-2

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Check Box(es) that Apply:  Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Mark Drake
Business or Residence Address (Number and Street, City, State, Zip Code)
2101 South 42 <sup>nd</sup> Avenue, Council Bluffs, Iowa 51501-8409
and the second s
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
Cindy Patterson
Business or Residence Address (Number and Street, City, State, Zip Code)
2101 South 42 <sup>nd</sup> Avenue, Council Bluffs, Iowa 51501-8409
Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner  Full Name (Last name first, if individual)  ICM, Inc.
Full Name (Last name first, if individual)
Full Name (Last name first, if individual)  ICM, Inc.
Full Name (Last name first, if individual)  ICM, Inc.  Business or Residence Address (Number and Street, City, State, Zip Code)
Full Name (Last name first, if individual)  ICM, Inc.  Business or Residence Address (Number and Street, City, State, Zip Code)
Full Name (Last name first, if individual)  ICM, Inc.  Business or Residence Address (Number and Street, City, State, Zip Code)  310 North First Street, Colwich, KS 67030-0397
Full Name (Last name first, if individual)  ICM, Inc.  Business or Residence Address (Number and Street, City, State, Zip Code)  310 North First Street, Colwich, KS 67030-0397
Full Name (Last name first, if individual)  ICM, Inc.  Business or Residence Address (Number and Street, City, State, Zip Code)  310 North First Street, Colwich, KS 67030-0397  Check Box(es) that Apply:   Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner
Full Name (Last name first, if individual)  ICM, Inc.  Business or Residence Address (Number and Street, City, State, Zip Code)  310 North First Street, Colwich, KS 67030-0397  Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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<del></del>				D IN	FODMA	TION A	POUT	FFERING					
		<del></del> -		D. 11	FURNIA	HON A	BOUL O	FERIN				Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offer?							×						
Answer also in Appendix, Column 2, if filing under ULOE.							_						
Anona also merpponam, commit 2, it times and colors.													
2. What is	s the minin	num investi	ment that wi	ll be accen	ted from	any indiv	idual?					N/A	
												Yes	No
3. Does th	he offering	permit join	t ownership	of a single	unit?								$\boxtimes$
	•		·	•									
4. Enter t	he informa	ation reque	sted for eac	h person	who has	been or v	will be pa	ud or giv	en, directl	ly or indi	irectly, ar	ıy	
			neration for										
			associated p										
			e broker or d						are associ	ated pers	ons of su	ch	
a brok	er or deale	r, you may	set forth the	informatio	on for that	broker of	r dealer o	nly.					
Full Name	(Last nam	ne first, if ir	ndividual)										
N/A													
Business of	or Residence	ce Address	(Number an	d Street, C	ity. State.	Zip Code	e)				••		
				,	, ,		,						
Nome of	1 accointed	Broker or I	)oolor										
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	-		las Solicited										
(Check	c "All State	es" or check	c individual	States)		•••••						□ All Sta	tes
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									[WV]			[PR]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[wv]	[WI]	[WY]	[FK]	
Full Name	(Last nam	ne first, if ir	idividual)										
Business of	or Residenc	ce Address	(Number an	d Street, C	ity, State,	Zip Code	e)		•				
Name of A	Ssociated	Broker or I	)ealer		_							-	
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		ne first, if in				L .		• •					
run Name	: (Last nam	ie iirsi, ii in	idividuai)										
				<del>.</del>									
Business of	or Residenc	ce Address	(Number and	d Street, C	ity, State,	Zip Code	e)						
Name of Associated Broker or Dealer													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
(Check "All States" or check individual States)													
·									ics				
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
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	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	UF P	KOCEED2		
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \sum and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		ggregate ering Price	Am	ount Already Sold
	Debt	\$	-0-	\$	-0-
	Equity	\$	-0-	\$	-0-
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)	\$	-0-	\$	-0-
	Partnership Interests	\$	-0-	. \$	-0-
	Other (Series C LLC Membership Units)	\$ <u>8,5</u>	92,000.00	\$ <u>8,</u>	592,000.00
	Total	\$	-0-	<u>\$</u>	-0-
	Answer also in Appendix, Column 3, if filing under ULOE.			\$	-0-
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				A ggregate
		• •	umber of nvestors	Do	Ilar Amount Purchases
	Accredited Investors		0	\$	0
	Non-accredited Investors		0	\$	-0-
	Total (for filings under Rule 504 only)		0	\$	-0-
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.	-	Гуре of	Do	llar Amount
	Type of Offering		Security	-	Sold
	Type of Ottering		•		
	Rule 505			·	
	Regulation A			<u> </u>	
	Rule 504			. \$	
	Total			\$	<del></del>
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			\$	-0-
	Printing and Engraving Costs			\$	-0-
	Legal Fees		🛛	\$	10,000
	Accounting Fees			\$	-0-
	Engineering Fees			\$	-0-
	Sales Commissions (specify finders' fees separately)			\$	-0-
	Other Expenses (identify)			\$	-0-
	Total		⊠	\$	10.000

C. OFFERING, PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the difference between the aggregate offering price given in response to Part C -Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is \$ 8,582,000.00 the "adjusted gross proceeds to the issuer." Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b. above. Payments to Officers, Directors & Payments to Affiliates Others Salaries and fees □ \$ -0-□ \$. Purchase of real estate.... □ \$ -0-□ \$ Purchase, rental or leasing and installation of machinery and equipment..... □ \$\_\_\_ -0-□ \$\_\_ Construction or leasing of plant buildings and facilities..... -0-□ \$\_\_\_ Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange of the assets or securities of another issuer pursuant to a merger)..... -0-□ \$ .\_ Repayment of indebtedness..... □ \$ -0-□ \$\_\_\_\_ -0-Working capital ..... **S** \$ 8,582,000 Other (specify) -0-\_\_\_ □ \$ □ \$ -0-□ \$\_\_\_ □ \$ □ \$ <del>-</del>0-□ \$\_\_\_\_ Column Totals <del>-</del>0-□ \$\_\_\_ ■ \$8,582,000

Total Payments Listed (column totals added)

**\$ 8,582,000.00** 

	•							
D. FEDERAL SIGNATURE								
fol	The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.							
Iss	Issuer (Print or Type) Southwest Iowa Renewable Energy, LLC  Signature  3/20/08							
Na	Name of Signer (Print or Type)  Title of Signer (Print or Type)							
Mark Drake President and Chief Executive Officer								
	ATTENTION							
l	Intentional misstatements or omissions	of fact constitute federal criminal violations. (S	ee 18 U.S.C. 1001).					
<u> </u>	E. STATE SIGNATURE							
1.	1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?							
	See Appendix, Column 5, for state response.							
2.	2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.							
3.	3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.							
4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.								
The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.								
Issu	ner (Print or Type)	Signature	Date					

Name of Signer (Print or Type) Title of Signer (Print or Type)

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

OM-260173-2